

<b>Case Number:</b>	CM15-0032623		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/28/1998
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker sustained an industrial injury on 10/28/1998. On progress reported dated 01/13/2015 the injured worker has reported lower back pain with radiating symptoms down the right lower extremity. On examination he was noted to have tenderness to lumbar paraspinal muscles, positive leg lift and was noted to use a cane for stabilization during ambulation. The diagnoses have included left SI joint syndrome, lumbar fusion at L5-S1. Treatment to date has included lumbar epidural steroid injections, acupuncture, and medications. Treatment plan included medication, acupuncture, left S1 epidural steroid injections and urine drug screening. On 02/02/2015 Utilization Review non-certified Repeat left S1 epidural steroid injection. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Repeat left S1 epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. MTUS treatment guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. The MTUS criteria for epidural steroid injections includes the presence of radiculopathy that has been documented on physical examination and corroborated by imaging studies. Additionally a repeat injections should only be provided if there has been 50% improvement for 6 to 8 weeks time. The progress note dated January 13, 2015 indicates that there has been a previous steroid injection however it is unclear how long its benefits had lasted. Additionally, the physical examination on this date does not include any abnormal neurological findings. As such, this request for a repeat left-sided S1 epidural steroid injection is not medically necessary.